

MISSOURI DEPARTMENT OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH									
AMENDED									
REGISTRATION DISTRICT NO. <u>3</u> Primary Registration District No. <u>3003</u> REGISTRAR'S NO. <u>32</u> -62-005424 DATE FILED <u>MAR 8 1962</u> STATE FILE NUMBER									
DATE AMENDED		1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>		Length of stay in 1b <u>3 Days</u>		c. CITY OR TOWN <u>Monett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Vincent's Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>108 W. Cleveland</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
DATE AMENDED		3. NAME OF DECEASED (Type or print) First Middle Last <u>Howard Frank White</u>				4. DATE OF DEATH Month Day Year <u>March 1 1962</u>			
		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-4-1892</u>	
		9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>			
DATE AMENDED		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Frisco Switchman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and state or country) <u>Bloomington, Ill.</u>	
		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>							
		13a. FATHER'S NAME <u>John White</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Snider</u>		14. NAME OF HUSBAND OR WIFE <u>Wilma White</u>	
DATE AMENDED		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT Address <u>Mrs. Howard F. White Monett, Mo.</u>	
		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chr. Myocarditis with congestive failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>26 mos.</u>			
		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Benign prostatic hypertrophy</u> <u>Uremia</u> DUE TO (c) <u></u>				<u>8 yrs</u> <u>2 mos.</u>			
DATE AMENDED		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>			
		20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>							
DATE AMENDED		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u>Monett</u>		COUNTY <u></u> STATE <u></u>	
		21. I attended the deceased from <u>March 1954</u> to <u>March 1-62</u> and last saw him alive on <u>March 1, 1962</u> Death occurred at <u>8:50</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
		22a. SIGNATURE <u>Robert R. Doderer M.D.</u> (Degree or title)				22b. ADDRESS <u>Monett, Missouri</u>		22c. DATE SIGNED <u>3-5-62</u>	
DATE AMENDED		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-5-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Monett Missouri</u>	
		24. FUNERAL DIRECTOR <u>Mercer Funeral Home Monett, Mo.</u>		ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>3-5-62</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. O. N. Cook</u>	

MAR 12 1962
FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.